postice atain

1.

Please type a plus sign (+) inside this box

ADDRESS TO

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to

UTILITY PATENT APPLICATION **TRANSMITTAL**

APPLICATION ELEMENTS

Attorne	ey Docket No.	16869P025800					
First In	ventor		Mougi, Masao, et. al.				
Title	PROGRAM L SYSTEM	ICENSE KEY IS	SUING METHOD AND ISSUING				

7. CD-ROM or CD-R in duplicate, large table or

Assistant Commissioner for Patents Box Patent Application Washington, DC 20231

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EL265821014US See MPEP chapter 600 concerning design patent application contents

Fee Transmittal Form (e.g., PTO/SB/17)

		and a duplicate for fee	orocessi	ing)			ogram (Append		∞ =
		small entity status.						quence Submission	'v'空 建
	ee 37 CFR 1.27	(Total I	2	[ao],		plicable, all I	necessary) Readable Form (CDE	-2 =
	pecification	ent set forth below)	-ages	30]			equence Listing		~~ ~
	Descriptive title of t	he Invention					or CD-R (2 copie		223章
		to Related Applications					nber of pages		ξ =
		ng Fed sponsored R & ence listing, a table, or	ь		/ C. 🔲	Statements	verifying identity	y of above copies	n 7
8	a computer program Background of the	m listing appendix		,		ACCOMP	ANYING APPL	ICATIONS PARTS	
- E	Snef Summary of t	he Invention		\sim	9. 🖂	Assignmen	nt Papers (cover	r sheet & document	(s))
		the Drawings (if filed,			10. 🗆	37 C.F.R.§	3.73(b)Stateme	ent Power of	
	Detailed Descriptio Claim(s)	n				(when ther	e is an assigne	Attorney	
	Abstract of the Dis	closure			11. 🗆	English Tr	anslation Docun	nent (if applicable)	
•	rawing(s) (35 U.	, .	Sheets Paaes		12. 🖂		n Disclosure (IDS)/PTO-144	Copies of Citations	
	Declaration/Pow		Pages	4 1	13. 🗆	Preliminar	y Amendment		
		I (original or copy) or application (37 C	FR 1.63	3 (d))	14. 🖾	Return Re	, ceipt Postcard (i e <i>specifically iter</i>		
		on/divisional with B	ox 18 c	ompleted)	15. 🖂	Certified C	opy of Priority D	Occument(s)	
' [t attached deleting inv	entor(s)		40 🗆			ed) (JP 2000-13423 under 35 U.S.C.	4)
	named in the price	or application, see 37 (16.			must attach form PT	O/SB/35
	1.63(d)(2) and 1.					or its equiv		made amager router .	
 App 	lication Data Sh	eet. See 37 CFR 1	.76		17.	Other:			
Contin	18. If a CONTNUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation Cont								
			19. C	ORRESPO	NDENCE A	DDRESS			
Custor Cu	ner Number or Bar			203		المناسمينية	or 🗆 Co	rrespondence address	: below
		(Inse	ert Custo	mer No. or A	tach bar cod	e label nere)			
Name									
4 4 4									
Address									
City				State			Zip Code		
Country			Telepi	hone			Fax		
Country			relepi	ione			744		
Name (Pr	rint/Type)	Robert C. Colwell			Registrati	on No. (Attor	mey/Agent)	27,431	Ì
Signature)	Value	C(clum	U_		Date	April 24, 2001	
comments of Office, Wash	Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time volue are required to complete his form should be sent to the Chief Information Coff. U.S. Patient and Trademark. Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Buy Feath Application, Washington, D.C. 2023.								

PA 3141544 v1

TOCACOU DEFINA	200
HOOU DENIE	60
HOOU DENIE	E 700
Cu sount	1.1
	00
	(0
	LU.
	16
0	Ris Ris
	111
	F 16.
hek	0
	þek

Ü

-	ider die r oper	WORK TREATMENT FROM DE TOUG	, no persons are required to resp	ond to a t	POHECUOTI	OF HIROTE	navion u	niess it displays a valid OMB control nu	moer.		
		MITTAL	Complete If Known								
			Applic	Application Number							
		2001	Filing	Filing Date							
1				First N	First Named Inventor Examiner Name			Mougi, Masao, et. al			
		Patent fees are subject to	annual revision.	Exam							
1				Group	Art Unit						
\Box	TOTAL AMO	OUNT OF PAYMENT	(\$) 1470	Attorr	ey Dock	et No.	1686	9P025800			
		METHOD OF PAY	MENT				FEE C	ALCULATION (continued)			
1.	⊠		ereby authorized to charge lit any over payments to:	3. AD	Entity	FEES Small	Entity				
ŀ	Deposit Account	20-1430		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
	Number	20-1430	105 127	130 50	205	65	Surcharge - late filing fee or oath				
1						227	25	Surcharge - late provisional filing fee or cover sheet.			
-	Deposit Account	and and Crew LLP	139	130	139	130	Non-English specification				
1	Name		147	2,520	147	2,520	For filing a request for reexamination				
	☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17					112	920*	Requesting publication of SIR prior to Examiner action			
- 1	Applican		113	1,840*	113	1,840*	Requesting publication of SIR after				

-	Under 37	CFR 1.16	6 and 1.1	7						Examiner action	1
	Applicant See 37 C	FR 1.27		y status.		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
2.	Payme	nt Enclo	osed:			115	110	215	55	Extension for reply within first month	
_] Check	☐ Cn	edit card	☐ Money Order	☐ Other	116	390	216	195	Extension for reply within second month	
\vdash						117	890	217	445	Extension for reply within third month	
1.	BASIC F	LING FE		ALCULATION		118	1,390	218	695	Extension for reply within fourth month	
Large	Entity	Small	Entity			128	1,890	228	945	Extension for reply within fifth month	
Fee	Fee	Fee	Fee	Fee Description	n	119	310	219	155	Notice of Appeal	
Code	(\$)	Code	(\$)		Fee Paid	120	310	220	155	Filing a brief in support of an appeal	
101	710	201	355	Utility filing fee	710	121	270	221	135	Request for oral hearing	
106 107	320 490	206 207		Design filing fee Plant filing fee	'	138	1,510	138	1,510	Petition to institute a public use proceeding	
108	710	208	355	Reissue filing fe	e	140	110	240	55	Petition to revive - unavoidable	
114	150	214	75	Provisional filing	fee	141	1,240	241	620	Petition to revive - unintentional	
						142	1,240	242	620	Utility issue fee (or reissue)	
		St	JBTOTA	L (1)	(\$)710	143	440	243	220	Design issue fee	
2 EV	TRA CLAI	MEEEO				144	600	244	300	Plant issue fee	
2	IKA CLAI	MIFEES		Extra Fe	e from Fee	122	130	122	130	Petitions to the Commissioner	
Total Cla	ims 17	-20*	_	Claims be	slow Paid \$18 = \$0	123	50	123	50	Petitions related to provisional applications	
Independ Claims	ent 12	-3**	· - Ē	9 X	\$80 = \$720	126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Depende			_	×[581	40	581	40	Recording each patent assignment per property (times number of properties)	40
Large	Entity		Entit	У		146	710	246	355	Filing a submission after final rejection	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descrip	tion	l				(37 CFR § 1.129(a))	
103	18	203	9	Claims in exc	ness of 20	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
102	80	202	40		claims in excess of 3						\vdash
104	270	204	135		endent claim, if not paid	179	710	279	355	Request for Continued Examination (RCE)	1 1
109	80	209	40		dependent claims over		900	169	900	Request for expedited examination of a design application	
110	18	210	9	** Reissue cl over original	laims in excess of 20 ar patent		fee (specit				
			s	UBTOTAL (2)	(\$)720	the ab	ove note	d Depo:	sit Acco		
۱						*Redu	iced by Ba	asic Filir	g Fee P	aid SUBTOTAL (3) (\$)40	

SUBMITTED BY Complete (if applicable)											
Name (Print/Type)	Robert C Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400						
Signature	(Colme (Cohull		Date	April 24, 2001						

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Tradement Officer, Weahington, D. 20231- D. ONT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Weahington, D. 20231- PA 3141600 v1